

## ATTACHMENT 1

## Wisconsin Medicaid procedure codes for physical therapy services

Effective for dates of service on and after October 1, 2003

Other procedures					
Action	CPT* procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	\$1	1 per day	Not allowed
No change	93798	with continuous ECG monitoring (per session)	\$2	1 per day	Not allowed
<b>Delete 10/1/03</b>	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	\$1	1 per day	Not allowed
<b>Delete 10/1/03</b>	94651	subsequent	\$1	1 per day	Not allowed
<b>Delete 10/1/03</b>	94652	newborn infants	\$1	1 per day	Not allowed
No change	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$1	1 per day	Not allowed
No change	94668	subsequent	\$0.50	1 per day	Not allowed

Modalities					
Action	HCPCS** procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
<b>Add 10/1/03</b>	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	\$1	1 per day	Allowed
<b>Add 10/1/03</b>	G0282	Electrical stimulation (unattended), to one or more areas, for wound care other than described in G0281	\$1	1 per day	Allowed
<b>Add 10/1/03</b>	G0283	Electrical stimulation (unattended), to one or more areas for indications(s) other than wound care, as part of a therapy plan of care	\$1	1 per day	Allowed

\*CPT = Current Procedural Terminology

\*\*HCPCS = Healthcare Common Procedural Coding System

Modalities (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not applicable	Allowed
No change	97010	Application of a modality to one or more areas; hot or cold packs	\$1	1 per day	Allowed
No change	97012	traction, mechanical	\$1	1 per day	Allowed
<b>Delete 10/1/03</b>	97014	electrical stimulation (unattended)	\$1	1 per day	Allowed
No change	97016	vasopneumatic devices	\$1	1 per day	Allowed
No change	97018	paraffin bath	\$1	1 per day	Allowed
No change	97020	microwave	\$1	1 per day	Allowed
No change	97022	whirlpool	\$1	1 per day	Allowed
No change	97024	diathermy	\$1	1 per day	Allowed
No change	97026	infrared	\$1	1 per day	Allowed
No change	97028	ultraviolet	\$1	1 per day	Allowed
No change	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not applicable	Allowed
No change	97033	iontophoresis, each 15 minutes	\$1	Not applicable	Allowed
No change	97034	contrast baths, each 15 minutes	\$1	Not applicable	Allowed
No change	97035	ultrasound, each 15 minutes	\$1	Not applicable	Allowed
No change	97036	Hubbard tank, each 15 minutes	\$1	Not applicable	Allowed
No change	97039	Unlisted modality (specify type and time if constant attendance)	\$1	1 per day	Allowed

Therapeutic procedures					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not applicable	Allowed
No change	97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$1	Not applicable	Allowed
No change	97113	aquatic therapy with therapeutic exercises	\$1	Not applicable	Allowed

Therapeutic procedures (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97116	gait training (includes stair climbing)	\$1	Not applicable	Allowed
No change	97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not applicable	Allowed
No change	97139	Unlisted therapeutic procedure (specify)	\$1	Not applicable	Allowed
No change	97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not applicable	Allowed when appropriate*
No change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not applicable	Allowed
No change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not applicable	Allowed
No change	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not applicable	Allowed
No change	97601	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	\$2	Not applicable	Not allowed

Evaluation					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97001	Physical therapy evaluation [15 minutes]	\$1	Not applicable	Not allowed
No change	97002	Physical therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not allowed

\*Therapist assistants are never allowed to perform a myofascial release/soft tissue mobilization, for one or more regions. They are also never allowed to perform a joint mobilization, for one or more areas (peripheral or spinal).